



## JAIL INCIDENT REPORT

To submit an incident report, complete this form and fax to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

### 310:670-5-2(27) Security and control

In case of a death or an escape with injury, the Department shall be notified **immediately**.

### 310:670-5-2(28) Security and control

The Department shall be notified no later than the **next working day** if any of the following occur: (A) Extensive damage to jail property; (B) Serious injury to staff or prisoner defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.

**Date:**

**Name of reporting party:**

### 1. Check the box identifying the type of incident.

Death     Death by Suicide     Serious Suicide Attempt     Damage to Jail Property   
Escape     Escape with Injury     Serious Injury to Jail Staff     Serious Injury to Prisoner

### 2. Complete the following facility information:

**Facility name.**

### 3. Enter name of jail staff and prisoner.

Jail Staff Name:

Prisoner Name:

### 4. Enter the date, time, and location of the incident.

Date of Occurrence:

Time:

### 5. Briefly describe what happened.

**6. List any witnesses to the incident.**

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Signature of Reporting Party

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Title/Position